Survivorship - Non-Small Cell Lung Cancer (NSCLC)

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

ELIGIBILITY

Non-small cell lung cancer 3 years post-treatment and NED

CONCURRENT COMPONENTS OF VISIT

Years 3 and up:
- History and physical annually
- CT chest/lung surveillance low-dose annually

Years 3 to 5:
- History and physical annually
- CT chest with or without contrast every 6 months

Years 6 and up:
- History and physical annually
- CT chest/lung surveillance low-dose annually

SURVEILLANCE

Category 1

Category 2

MONITORING FOR LATE EFFECTS

Assess for:
- Fatigue
- Pulmonary status
- Cardiovascular screening
- Neuropathy

Patient education, counseling, and screening:
- Lifestyle risk assessment
- Cancer screening
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV algorithm)
- Limit alcohol consumption
- Vaccinations as appropriate

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Depression
- Financial stressors
- Social support
- Access to primary health care

DISPOSITION

Positive findings?
Yes
Return to primary treating physician

No
Continue survivorship monitoring

Refer or consult as indicated

NED = no evidence of disease

Category 1 = Stage I-II (primary treatment includes surgery with or without chemotherapy)

Category 2 = Stage III-IV or Stage I-II treated with radiation

Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

Includes breast, cervical (if appropriate), colorectal, liver, pancreatic, prostate, and skin cancer screening

Based on Centers for Disease Control and Prevention (CDC) guidelines

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Department of Clinical Effectiveness V3

Approved by the Executive Committee of the Medical Staff on 03/23/2021
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SUGGESTED READINGS


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SUGGESTED READINGS


This survivorship algorithm is based on majority expert opinion of the Thoracic Cancer Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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